

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/069876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	(1)					
9	(2)					
10	(1)					
11						
12						
13	(2)					
14	(1)					
15						
16						
17						
18	3					
19	(2)					
20						
21						
22	(2)					
23	(1)					
24	(1)					
25						
26						
27						
28	3					
29	(1)					
30	(1)					
31	(1)					
32	(1)					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			R			
TOTAL CLAIMS			H			

BEST AVAILABLE COPY

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			